KAISER PERMANENTE®

ACLR REGISTRY
OPERATIVE FORM
Registry Form

NAME: ___________________________________

KAISER MRN: ____________________________

SURGEON	DOB / /

OPERATIVE DATE (MM/DD/YY) / /	OPERATIVE SITE ☐ LEFT ☐ RIGHT	GENDER ☐ MALE ☐ FEMALE

☐ BVU (Bellevue)
☐ CAP (Capitol Hill)
☐ TSC (Tacoma)

INJURY DATE (MM/DD/YY): / /

Occupational Health Services/Workers comp *(please check)*: ☐

Diagnosis	Reconstructed	Repair	Left in situ	None-Healed at time of surgery	Other
☐ ACL	☐	☐	☐	☐	☐
☐ ALL	☐	☐	☐	☐	☐
☐ LCL	☐	☐	☐	☐	☐
☐ MCL	☐	☐	☐	☐	☐
☐ PCL	☐	☐	☐	☐	☐
☐ PLC	☐	☐	☐	☐	☐
☐ Other	☐	☐	☐	☐	☐
☐ None					

Activities that lead to injury:

☐ Baseball/Softball ☐ Basketball
☐ Cheerleading/Dance ☐ Cycle
☐ Fall ☐ Football
☐ Gymnastics ☐ Martial Arts
☐ MCA/MVA ☐ Racket Sports
☐ Running/Hiking/Walking ☐ Skateboard
☐ Skiing/Snowboarding ☐ Soccer
☐ Volleyball ☐ Water Sports
☐ Work ☐ Other: _________

Is this a: Revision ☐ **No** ☐ **Yes** ☐ **Single Stage** ☐ **Stage 1 of 2** ☐ **Stage 2 of 2**

Index knee prior meniscus/ cartilage surgery: ☐No ☐Yes- if yes, what procedure:
☐Meniscus repair ☐Meniscus transplant ☐Microfacture/drilling ☐Osteochondral autograft
☐Osteochondral allograft ☐Partial or total menisectomy abrasion ☐Other: ________________________________

Contralateral knee normal: ☐Yes ☐ No – if no, please describe:
☐ Cartilage injury/surgery ☐ Current ACL Insufficiency ☐ Ligament injury/surgery ☐ Meniscus injury/surgery
☐ Prior ACL reconstruction ☐ Other ligament injury/surgery:

Cartilage Injury Location	Size (mm)	Grade	WBA(°)	None	Debridement	Microfx/drilling abrasion	Osteochondral allograft	Osteochondral autograft	Other
☐Patella	___x___	_____	N/A	☐	☐	☐	☐	☐	☐
☐Trochlea	___x___	_____	_____	☐	☐	☐	☐	☐	☐
☐MFC	___x___	_____	_____	☐	☐	☐	☐	☐	☐
☐LFC	___x___	_____	_____	☐	☐	☐	☐	☐	☐
☐MTP	___x___	_____	N/A	☐	☐	☐	☐	☐	☐
☐LTP	___x___	_____	N/A	☐	☐	☐	☐	☐	☐

☐ **MEDIAL Meniscus**

Type: **Length** (mm):
☐Complex _______
☐Radial _______
☐Horizontal _______
☐Vertical _______
☐Partial Thickness Tear _______
☐Root Tear _______
☐Other: ____________ _______

Procedure *(check all that apply)*:
☐Repair:
☐Sutures ☐All inside device
☐Sutures through tunnel w/ Button
☐Sutures through tunnel w/ Bone Anchor
☐Sutures through tunnel w/ Bone Bridge
☐Partial menisectomy: _____% remaining
☐Trephinated ☐Rasped ☐Left in situ

☐ **LATERAL Meniscus**

Type: **Length** (mm):
☐Complex _______
☐Radial _______
☐Horizontal _______
☐Vertical _______
☐Partial Thickness Tear _______
☐Root Tear _______
☐Other: ____________ _______

Procedure *(check all that apply)*:
☐Repair:
☐Sutures ☐All inside device
☐Sutures through tunnel w/ Button
☐Sutures through tunnel w/ Bone Anchor
☐Sutures through tunnel w/ Bone Bridge
☐Partial menisectomy _____ % remaining
☐Trephinated ☐Rasped ☐Left in situ

Physis: ☐Open ☐Closed **Femoral tunnel drilled via:** ☐Tibial tunnel ☐Medial portal ☐Lateral approach ☐Unknown

SINGLE BUNDLE

AUTOGRAFT										
Graft Type	ACL	ALL	LCL	MCL	PCL	PLC	OTHER____	Width (mm)	Diameter	Number of Strands
BPTB										
HAMSTRING										
QUAD TENDON										
REPAIR ONLY										
OTHER______										

ALLOGRAFT										
Graft Type	ACL	ALL	LCL	MCL	PCL	PLC	OTHER____	Width (mm)	Diameter	Number of Strands
BPTB										
ACHILLES										
TIBIALIS ANTERIOR										
TIBIALIS POSTERIOR										
QUAD TENDON										
HAMSTRING										
PERONEUS LONGUS										
REPAIR ONLY										
OTHER_____										

DOUBLE BUNDLE

AUTOGRAFT					
Graft Type	Anteromedial-Double Bundle	Posterolateral-Double Bundle	Width (mm)	Diameter	Number of Strands
BPTB					
HAMSTRING					
QUAD TENDON					
OTHER______					

ALLOGRAFT					
Graft Type	Anteromedial-Double Bundle	Posterolateral-Double Bundle	Width (mm)	Diameter	Number of Strands
BPTB					
ACHILLES					
TIBIALIS ANTERIOR					
TIBIALIS POSTERIOR					
QUAD TENDON					
HAMSTRING					
PERONEUS LONGUS					
OTHER_____					

ACL GRAFT FIXATION *(please place implant labels in appropriate section below)*:	
Femoral ☐ ***None*** *(please check)*	**Tibial** ☐ ***None*** *(please check)*

SUPPLEMENTAL FIXATION:	
Femoral ☐ ***None*** *(please check)*	**Tibial** ☐ ***None*** *(please check)*

ADDITIONAL FIXATION IMPLANTS: ☐ ***None*** *(please check)*

MENISCAL FIXATION IMPLANTS: ☐ ***None*** *(please check)*

GRAFT: ☐ ***None*** *(please check)*

OTHER GENERAL IMPLANTS: ☐ ***None*** *(please check)*

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